



# MTS SPIROMETRY

CERTIFICATION PROGRAMME  
PHASE 3 WORKSHOP

2<sup>nd</sup> - 3<sup>rd</sup> August 2025

Postgraduate Centre  
Level 3  
Hospital Tunku Azizah



SCAN TO REGISTER

Organized by :



MALAYSIAN THORACIC SOCIETY

Supported by :



MINISTRY OF HEALTH MALAYSIA

# DAY 1

## 2<sup>nd</sup> August 2025

0800 - 0830	Registration
0830 - 0845	Welcome and Introduction
0845 - 0915	Overview of spirometry
0915 - 0945	Common respiratory diseases
0945 - 1015	Tea Break
1015 - 1215	Skill workshop: Spirometry technique, Quality Assurance
1215 - 1245	Candidates meet trainers
1245 - 1400	Lunch Break
1400 - 1700	Group work: result interpretation
1700 - 1730	Tea Break
1730	End Day 1

# DAY 2

## 3<sup>rd</sup> August 2025

0800 - 0830	Breakfast
0830 - 0845	Briefing practical examination
0845 - 1200	Practical examination
1200 - 1230	Summary and Closing
1230 - 1400	Lunch

### REGISTRATION FORM

MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 3

Registration	Please choose/tick	Early Bird Before 30.6.2025	Late registration 30.6.2025 and after
MTS Member		RM 500.00	RM 600.00
Non-MTS Member		RM 650.00	RM 750.00
Non-Malaysian		USD 300	USD 400

**On-site registration will not be accepted! Place are limited.  
No refund for cancellation after 30 June 2025.  
Government Local Purchase Orders (LPO) are not accepted!**

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"  
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society  
Account Number : 873-1-0420229-5  
Name of Bank : Standard Chartered Bank Berhad  
Address of Bank : Publika Branch Solaris Dutamas Jalan Dutamas 1,  
50480 Kuala Lumpur

**(Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable)**

**Each registration per participants**

#### All information is required

Name : _____	Dr / Ms / Mr
Phone Number : _____	
Personal Email : _____	
Hospital : _____	
MTS Member ? : Yes / No	Payment Amount : _____
Year passed Spirometry Phase 1: _____	
Date of Payment : _____	
Payment Reference Number : _____	
Please include attachments as below :	
1. Proof of Payment	

**Any enquiries please contact :**

Email : mts.spirometry@gmail.com  
Tel : 03-2856 4053  
Fax : 03-2856 4195

Registration :

